



2005 UMP Guide to Preferred Drugs

Uniform Medical Plan (**UMP**) provides access to quality health care at an affordable price. UMP uses the *UMP Preferred Drug List* to help manage the overall cost of providing prescription drug benefits for UMP PPO and UMP Neighborhood enrollees. The *UMP Preferred Drug List* includes drugs from the *Washington State Preferred Drug List* and drugs from the *Express Scripts National Preferred Formulary*. It offers a wide range of medications to choose from and is reviewed regularly by an independent group of practicing health care providers to help ensure that the content is medically sound and supportive of your health.

Development and maintenance of the Preferred Drug List is a dynamic process. The Washington Pharmacy & Therapeutics Committee staffed by Washington licensed health care professionals was established by the legislature to develop the *Washington State Preferred Drug List* based on clinical evidence and criteria for safe, effective, and appropriate prescribing. The Pharmacy & Therapeutics Committee meets quarterly to review the *Washington State Preferred Drug List* and additional drug classes to ensure the preferred drug list remains responsive to the needs of patients and providers. Once these reviews are completed, the *UMP Preferred Drug List* may change based on the Pharmacy & Therapeutics Committee's recommendations. UMP retains the right to update the *UMP Preferred Drug List* or shift medications to different tiers during the year if generic or over-the-counter alternatives become available; or there are changes in the *Washington State Preferred Drug List* or the *Express Scripts National Preferred Formulary*. The *UMP Preferred Drug List* will be updated periodically by quarterly newsletter notification.

This Guide lists **only** the most commonly prescribed medications. The Guide was printed in the fall of 2004, so it contains information that was current at that time. For a complete up-to-date listing of the *UMP Preferred Drug List*, please visit the UMP Web site at www.ump.hca.wa.gov, or contact customer service at 1-866-576-3862.

Summary of UMP Prescription Drug Benefit

With your UMP prescription drug coverage, all prescription drugs are subject to an annual prescription drug deductible whether purchased through our mail service pharmacy or at a retail pharmacy. After the deductible has been satisfied, your cost for a prescription will vary according to whether you purchase it at a UMP network pharmacy or through mail service and a number of other factors, including whether the drug is a generic drug; a preferred drug; or a non-preferred drug. Each of these categories has a different enrollee cost-share tier, as shown in the table below.

Covered Drugs

Medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indications (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion. Experimental and investigational drugs, and drugs used for cosmetic purposes, are not eligible for coverage.

This benefit covers legend drugs (those that can be legally obtained only with a prescription) including:

- Allergy Antigens
- Chemotherapeutic agents
- Contraceptive Drugs
- Fluoride (for preschool children over 6 months of age when primary water source is deficient in fluoride)
- Injections of certain prescription medications
- Methadone
- Prenatal vitamins (during pregnancy)

Excluded Drugs

- Drugs to treat impotence
- Drugs to treat infertility
- Dietary supplements (vitamins, minerals, herbal supplements)
- Drugs used for cosmetic purposes
- Drugs to treat obesity
- Experimental or investigational drugs
- Homeopathic drugs
- Over-the-counter drugs except insulin; prenatal vitamins; nicotine replacement therapy; and those specified in the UMP PDL
- Prescription drugs that have an over-the-counter equivalent product (identical active ingredients and strength) available in a comparable dosage form are not covered.

Please check the UMP *Certificate of Coverage* for certain exclusions, limitations, and prior authorization requirements that may apply to some medications.

Tier (up to a 90-day supply per prescription or refill)	Enrollee's cost at a network retail pharmacy	Enrollee's cost using mail service pharmacy
Tier 1 Generic drugs ¹ , all insulin, and all disposable diabetic supplies	20% coinsurance or enrollee cost-share limit ² , whichever is less	\$10 copay ³
Tier 2 Preferred brand-name drugs	30% coinsurance or enrollee cost-share limit ² , whichever is less	\$40 copay ³
Tier 3 Non-preferred brand-name drugs	50% coinsurance Maximum cost-share limit does not apply	\$80 copay ³

1. Generic drugs have the same active ingredient(s) as brand name drugs no longer under patent and are usually less expensive. They are typically sold under an alternate brand name or the generic (chemical) name for that drug.
2. A cost-share limit based on the number of days' supply purchased applies to **Tier 1** and **Tier 2** drugs that are purchased from a **UMP network retail pharmacy**. Please refer to your *UMP 2005 Certificate of Coverage* for details.
3. If the actual price of the medication is less than the standard copay, you pay a minimum charge of \$8.99 or the cost of the drug, whichever is greater—but not more than the standard copay.

How to Use This Guide

This guide lists medications several ways to help you find prescription medications and their respective cost-share tiers. Section 1 lists commonly prescribed drugs by therapeutic category. Section 2 lists commonly prescribed non-preferred drugs, along with possible preferred or generic alternatives that may be considered by your provider.

If your medication is not listed in either Section 1 or 2, you may consult the UMP Web site at www.ump.hca.wa.gov, or contact customer service at **1-866-576-3862** for assistance.

In both sections that follow, drug names that are CAPITALIZED indicate a brand name; drug names all in lowercase are generic. In some cases, a generic drug will be marketed under a brand name; however, the Tier 1 generic coinsurance/copayment will still apply as shown.

Section 1: Drugs Listed by Therapeutic Category

This information is current at the time of printing and is subject to change.

ANTIINFECTIVES

Tier Antivirals

- 1 acyclovir
- 1 rimantadine
- 2 TAMIFLU (not covered at mail)
- 2 VALTREX (not covered at mail)

NOTE: All oral antiviral drugs for the treatment of HIV infection are Preferred.

Tier Cephalosporins

- 1 cefuroxime
- 1 cephalexin
- 2 CEFZIL

Tier Macrolides

- 2 BIAXIN
- 2 BIAXIN XL
- 2 ZITHROMAX

Tier Oral Antifungals

- 1 ketoconazole
- 1 nystatin
- 2 LAMISIL tablets
- 2 SPORANOX
- 3 DIFLUCAN

Tier Penicillins

- 1 amox tr/potassium clavulanate
- 1 amoxicillin
- 1 penicillin v potassium
- 2 AUGMENTIN ES
- 2 AUGMENTIN XR
- 3 AUGMENTIN

Tier Quinolones

- 1 ciprofloxacin
- 2 AVELOX
- 2 AVELOX ABC PACK
- 2 TEQUIN
- 3 CIPRO

Tier Topical Antifungals

- 1 ketoconazole
- 1 nystatin
- 2 PENLAC

Tier Topical Antifungal-Corticosteroids

- 1 clotrimazole/betamethasone
- 1 nystatin w/ triamcinolone

Tier Urinary Antiinfectives

- 1 nitrofurantoin
- 1 nitrofurantoin/nitrofuran macro
- 1 macrocrystal
- 1 trimethoprim
- 3 MACROBID

CARDIOVASCULAR MEDICATIONS

Tier ACE Inhibitors + HCT Combos

- 1 benazepril, benazepril hctz
- 1 captopril, captopril hctz
- 1 enalapril maleate, enalapril hctz
- 1 lisinopril, lisinopril hctz
- 1 moexipril
- 2 ALTACE
- 3 ACCUPRIL
- 3 ACEON
- 3 CAPOTEN
- 3 LOTENSIN
- 3 MAVIK
- 3 MONOPRIL
- 3 PRINIVIL
- 3 ZESTRIL

<u>Tier</u>	<u>Angiotensin II Receptor Antagonists + HCT Combos</u>
2	AVALIDE
2	AVAPRO
2	DIOVAN
2	DIOVAN HCT
3	ATACAND, ATACAND HCT
3	COZAAR
3	HYZAAR

<u>Tier</u>	<u>HMG-CoA Reductase Inhibitors</u>
1	lovastatin
2	LIPITOR
2	PRAVACHOL
3	ALTOCOR
3	ALTOPREV
3	CRESTOR
3	LESCOL, LESCOL XL
3	MEVACOR
3	ZOCOR

<u>Tier</u>	<u>Beta Blockers</u>
1	atenolol
1	bisoprolol
1	metoprolol
1	nadolol
1	propranolol
2	TOPROL XL
3	CORGARD
3	COREG
3	INDERAL, IDERAL LA
3	LEVATOL
3	LOPRESSOR
3	VISKEN
3	ZEBETA

<u>Tier</u>	<u>Hypolipoproteinemics</u>
1	gemfibrozil
2	ADVICOR
2	NIASPAN
2	WELCHOL
2	ZETIA

<u>Tier</u>	<u>Thiazide & Related Drugs</u>
1	hydrochlorothiazide
2	ZAROXOLYN

<u>Tier</u>	<u>Calcium Antagonists</u>
1	diltiazem, diltiazem XR
1	cartia XT
1	diltia - XT, ditia - XR
1	nifedipine, nifedipine ER
1	verapamil, verapamil ER
2	NORVASC
3	ADALAT, ADALAT CC
3	CALAN, CALAN SR
3	CARDENE
3	CARDIZEM, CARDIZEM CD
	CARDIZEM LA, CARDIZEM SR
3	CARTROL
3	DYNACIRC, DYNCIRC CR
3	ISOPTIN, ISOPTIN SR
3	PLENDIL
3	PROCARDIA, PROCARDIA XL

<u>Tier</u>	<u>Centrally Acting Antihypertensives</u>
1	clonidine hcl
2	LOTREL

<u>Tier</u>	<u>Anticonvulsants</u>
1	carbamazepine
1	phenytoin sodium ER
2	DEPAKOTE
2	DEPAKOTE ER
2	NEURONTIN
2	TEGRETOL XR
2	TOPAMAX
2	ZONEGRAN
3	TEGRETOL

<u>Tier</u>	<u>Antidementia Drugs</u>
2	ARICEPT
2	EXELON

<u>Tier</u>	<u>Antidepressants</u>
1	mirtazapine
1	trazodone hcl
2	EFFEXOR, EFFEXOR XR
2	REMERON SOLTAB
2	WELLBUTRIN SR
3	REMERON TABLET

AUTONOMIC & CNS MEDICATIONS

Tier Antipsychotic Drugs

- 1 clozapine
- 1 haloperidol
- 1 perphenazine
- 1 thioridazine hcl
- 1 thiothixene
- 1 trifluoperazine hcl
- 2 ABILIFY
- 2 RISPERDAL
- 2 SEROQUEL
- 3 RISPERDAL M-TABS
- 2 ZYPREXA
- 3 ZYPREXA ZYDIS

Tier Selective Serotonin Reuptake Inhibitors

- 1 fluoxetine hcl
- 1 paroxetine
- 2 CELEXA
- 2 LEXapro
- 2 PAXIL CR
- 2 ZOLOFT

Tier Tertiary Amines

- 1 amitriptyline hcl

Tier Class II Narcotics

- 1 morphine, morphine ER
- 1 oxycodone w/ acetaminophen
- 1 methadone
- 3 AVINZA
- 3 DURAGESIC
- 3 KADIAN
- 3 MS CONTIN
- 3 OXYCONTIN

Tier Class III Narcotics

- 1 acetaminophen w/ codeine
- 1 hydrocodone/acetaminophen

Tier CNS Stimulants

- 1 amphetamine salt combo
- 1 dextroamphetamine sulfate
- 1 methylphenidate hcl
- 2 CONCERTA
- 2 METADATE CD, METADATE ER

Tier Other Drugs For ADHD

- 2 STRATTERA

Tier Antivertigo & Antiemetics

- 2 ZOFRAN, ZOFRAN ODT

Tier Drugs To Prevent & Treat Headaches

- 1 butalbital/apap/caffeine
- 2 AMERGE
- 2 AXERT
- 2 IMITREX, IMITREX INJ, IMITREX NS
- 2 ZOMIG, ZOMIG NS, ZOMIG ZMT
- 3 FROVA
- 3 MAXALT, MAXALT MLT
- 3 RELPAX

Tier Sedative/Hypnotics

- 1 temazepam
- 2 AMBIEN
- 2 SONATA

DERMATOLOGICAL MEDICATIONS**Tier Acne Drugs**

- 1 clindamycin phosphate
- 1 erythromycin
- 1 erytromycin-benzoyl peroxide
- 1 benzoyl perox.
- 1 isotretinoin (prior authorization required)
- 1 metronidazole cream
- 2 AVITA gel (prior authorization required)
- 2 BENZACLIN
- 2 METROGEL
- 2 METROLOTION
- 2 PLEXION
- 2 PLEXION SCT
- 2 PLEXION TS
- 2 FINACEA
- 3 BENZAMYCIN
- 3 METROCREAM

Tier Antipsoriasis & Antieczema Drugs

- 1 selenium sulfide
- 2 TAZORAC

Tier	Corticosteroids
1	clobetasol propionate
1	fluocinonide
1	triamcinolone acetonide

Tier	Keratolytics
2	CONDYLOX gel

Tier	Miscellaneous Dermatologicals
1	ammonium lactate
2	ELIDEL

Tier	Oral Hypoglycemics
1	glipizide
1	glyburide
1	metformin hcl
3	AMARYL
3	DIABETA
3	DIABINESE
3	GLUCOTROL
3	GLUCOTROL XL
3	GLYNASE
3	PRANDIN
3	STARLIX

EAR-NOSE MEDICATIONS

Tier	Drugs Affecting The Ear
2	CIPRO HC
1	neomycin+polymyxin+hct

Tier	Drugs Affecting The Nose
1	ipratropium bromide
2	FLONASE
2	NASACORT AQ
2	NASONEX
3	Beconase AQ

ENDOCRINE MEDICATIONS

Tier	Glucocorticoids
1	methylprednisolone
1	prednisone

Tier	Insulins
1	HUMALOG
1	HUMULIN
1	LANTUS
1	NOVOLIN
1	NOVOLOG

Tier	Insulin Sensitizers
2	ACTOS
2	AVANDAMET
2	AVANDIA

Tier	Thyroid Supplements
1	levothyroxine
2	LEVOXYL
3	SYNTHROID

Tier	Other Endocrine Drugs
1	desmopressin acetate
2	ACTONEL
2	DIDRONEL
2	EVISTA
2	FOSAMAX

GASTROINTESTINAL MEDICATIONS

Tier	Antispasmodics/Drugs Affecting GI Motility
1	dicyclomine hcl
1	hyoscyamine sulfate
1	metoclopramide hcl

Tier	H. Pylori Drugs
2	PREVPAC

Tier	Proton Pump Inhibitors
1	PRILOSEC OTC
2	PROTONIX
3	ACIPHEX
3	NEXIUM
3	PREVACID
3	PRILOSEC RX

Tier	<u>Other GI Drugs</u>
1	cimetidine
1	famotidine
1	hydrocortisone acetate
1	nizatidine
1	peg 3350/electrolyte
1	ranitidine
1	sulfasalazine
2	ASACOL
2	CREON
2	PENTASA

MUSCULOSKELETAL MEDICATIONS

Tier	<u>Non-Steroidal Anti-Inflammatory Agents</u>
1	diclofenac
1	etodolac, etodolac XR
1	ibuprofen
1	indomethacin
1	ketoprofen
1	nabumetone
1	naproxen
1	oxaprozin
1	piroxicam
1	salsalate
1	sulindac
3	ANAPROX, ANAPROX DS
3	BEXTRA
3	CATAFLAM
3	CELEBREX
3	CLINORIL
3	DAYPRO
3	FELDENE
3	LODINE, LODINE XL
3	MOBIC
3	NAPROSYN, NAPROSYN DS
3	RELAFEN
3	VIOXX

Tier	<u>Salicylates & Related Drugs</u>
1	choline mag trisalicylate
1	diflunisal
1	salsalate

Tier	<u>CNS Muscle Relaxants</u>
1	baclofen
1	cyclobenzaprine hcl
1	methocarbamol
3	LIORESAL
3	NORFLEX
3	ROBAXIN
3	SKELAZIN
3	XANAFLEX

ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS

NOTE: All brand oral antineoplastics are considered preferred, unless available generically.

Tier	
1	methotrexate
1	cyclosporine, modified
1	hydroxyurea
1	leucovorin
1	megestrol
1	tamoxifen
1	thioguanine

IMMUNOLOGICALS

Tier	<u>Growth Hormones & Related Drugs</u>
<i>all require prior authorization</i>	
2	GENOTROPIN
2	HUMATROPE
2	NORDITROPIN
2	NUTROPIN, AQ, DEPOT
2	PROTROPIN
2	SAIZEN

Tier Pegylated Interferons/
Oral Ribavirin Agents

- 1 ribavirin
- 2 COPEGUS
- 2 PEG-INTRON
- 2 PEGASYS
- 3 REBETOL CAPSULE
- 2 REBETOL SOLUTION

Tier Interferons

- 2 REBIF

NUTRITION & BLOOD MODIFIERS

Tier Antiplatelet Drugs

- 1 dipyridamole
- 1 ticlopidine hcl
- 2 AGGRENOX
- 2 PLAVIX

Tier Blood Detoxicants

- 1 lactulose

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

Tier Androgen Drugs

- 2 ANDRODERM
- 2 TESTIM

Tier Hormonal Contraceptives

- 1 desogestrel - ethinyl estradiol
- 1 ethynodiol diacet - ethinyl estradiol
- 1 ethinyl estradiol
- 1 ethinyl estradiol - levo-norgestrel
- 1 norethindrone - ethinyl estradiol
- 1 norethindrone - mestranol
- 1 norgestrel - ethinyl estradiol
- 2 ORTHO
- 2 TRI-CYCLEN LO
- 2 YASMIN
- 3 CYCLESSA

Tier Estrogen Drugs

- 1 estradiol tablets
- 1 estradiol transdermal
- 2 ESTRACE vaginal cream
- 3 PREMPRO
- 3 CENESTIN
- 3 CLIMARA transdermal
- 3 ESCLIM transdermal
- 3 ESTRACE tablets
- 3 ESTRADERM transdermal
- 3 ESTRING
- 3 PREMARIN tablets, PREMARIN vaginal cream
- 3 VIVELLE, VIVELLE dot

Tier Progestin Drugs

- 1 medroxyprogesterone
- 2 PROMETRIUM

Tier Specialized OB/GYN Drugs

- 1 leuprolide acetate
- 2 CETROTIDE

OPHTHALMIC MEDICATIONS

Tier Antibacterial Drugs

- 1 ciprofloxacin
- 1 erythromycin
- 1 gentamicin sulfate
- 1 ofloxacin
- 1 polymyxin b sul(trimethoprim sulfacetamide sodium
- 1 tobramycin sulfate
- 2 VIGAMOX
- 2 ZYMAR
- 3 CILOXAN
- 3 OCUFLOX

Tier Antiglaucoma Drugs

- 1 timolol maleate
- 1 brimonidine
- 2 AZOPT
- 2 COSOPT
- 2 IOPIDINE
- 2 TRAVATAN
- 2 TRUSOPT
- 2 XALATAN

Tier **Corticosteroid Drugs**

- 1 prednisolone acetate
2 LOTEMAX

Tier **Other Ophthalmic Drugs**

- 1 homatropine
1 hydrobromide
2 ALOMIDE
2 EMADINE
2 LIVOSTIN
2 PATANOL
2 VOLTAREN OPHTHALMIC
2 ZADITOR

DIABETIC SUPPLIES

Tier **Blood Glucose Test Strips**

- 1 ACCU-CHEK
1 CHEMSTRIP bG
1 ONE TOUCH
1 FAST TAKE
1 PRECISION XTRA

Tier **Needles & Syringes**

- 1 NOVOFINE 30
1 PRECISION
1 SURE-DOSE

RESPIRATORY MEDICATIONS

Tier **Antitussive & Expectorants**

- 1 benzonatate
1 guaifenesin+pseudoephedrine
1 hydrocodone+guaifenesin
1 promethazine w/ codeine
2 TUSSIONEX

Tier **Beta-2 Adrenergics**

- 1 albuterol
2 FORADIL
2 MAXAIR AUTOHALER
2 PROVENTIL HFA
2 SEREVENT DISKUS
2 XOPENEX

Tier **Leukotriene Modifiers**

- 1 SINGULAIR

Tier **Other Drugs For Asthma**

- 1 cromolyn sodium
1 ipratropium bromide
2 ADVAIR DISKUS
2 ATROVENT inhaler
2 COMBIVENT
2 FLOVENT ROTADISK
2 INTAL inhaler
2 QVAR

UROLOGICAL MEDICATIONS**Anticholinergic**

Tier **Antispasmodics**

- 1 oxybutynin immediate release tablets, oxybutynin oral syrup
3 DETROL, DETROL LA
3 DITROPAN, DITROPAN XL
3 OXYTROL

Tier **Other Genitourinary Products**

- 2 AVODART
2 FLOMAX
2 PROSCAR

Section 2: Possible Alternatives for Non-Preferred or Tier 3 Drugs

The following is a list of some non-preferred medications with examples of selected alternatives that are on the UMP Preferred Drug List.

Column 1 lists commonly-prescribed **non-preferred** medications.

Column 2 lists some **preferred or generic alternatives** that may be right for you. Please discuss these with your provider.

Non-Preferred or Tier 3 Drug	Possible Alternatives
ACCOLATE	SINGULAIR
ACCUPRIL	enalapril, lisinopril, benazepril, ALTACE
ACCURETIC	enalapril+hctz, lisinopril+hctz, benazapril+hctz
ACEON	enalapril, lisinopril, benazepril, ALTACE
ACIPHEX	omeprazole, PRILOSEC OTC, PROTONIX
ACULAR,PF	VOLTAREN OPHTHALMIC
AEROBID,M	FLOVENT ROTADISK, QVAR
ALAMAST	cromolyn sodium, ALOMIDE, PATANOL, ZADITOR
ALOCRIL	cromolyn sodium, ALOMIDE, PATANOL, ZADITOR
ALPHAGAN P	brimonidine tartrate
ALREX	dexamethasone, fluometholone, prednisolone
ALTOCOR	lovastatin, LIPITOR, PRAVACHOL
ALTOPREV	lovastatin, LIPITOR, PRAVACHOL
AMARYL	glyburide and glipizide immediate release tablets
ANDROGEL	TESTIM, ANDRODERM
ANZEMET	ZOFRAN
ASCENSIA	ACCU-CHEK, ONETOUCH
ATACAND	AVAPRO, DIOVAN
ATACAND HCT	AVALIDE, DIOVAN HCT
AVINZA	morphine sulfate ER
AZELEX	tretinoin, benzac ac, benzoyl peroxide gel, AVITA gel
AZMACORT	FLOVENT ROTADISK, QVAR
BECONASE AQ	FLONASE, NASACORT AQ, NASONEX
BENICAR	AVAPRO, DIOVAN
BENICAR HCT	AVALIDE, DIOVAN HCT
BETIMOL	betaxolol, timolol
BEXTRA	generic NSAIDS
CARDENE SR	nifedipine extended release, NORVASC
CARDIZEM LA	diltiazem extended release
CATAPRES-TTS	clonidine hcl
CECLOR CD	cefaclor extended release
CEDAX	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
CELEBREX	generic NSAIDS
CIPRO XR	ciprofloxacin, AVELOX, TEQUIN
COLAZAL	ASACOL, PENTASA
COREG	atenolol, metoprolol, propanolol
COVERA-HS	verapamil extended release
COZAAR	AVAPRO, DIOVAN
CRESTOR	lovastatin, LIPITOR, PRAVACHOL
DIFFERIN	tretinoin, benzac AC, benzoyl peroxide gel, AVITA gel
DETROL LA	oxybutynin

**Non-Preferred
or Tier 3 Drug**

Possible Alternatives

DIPENTUMASACOL, PENTASA
DITROPAN XLoxybutynin
DYNABACerythromycin, BIAXIN, BIAXIN XL, ZITHROMAX
DYNACIRC,CRnifedipine extended release, NORVASC
FAMVIRacyclovir, VALTREX
FLOXINciprofloxacin, AVELOX, TEQUIN
FML FORTEgeneric ophthalmic steroids, LOTEMAX
FOCALINmethylphenidate, CONCERTA, METADATE CD/ER
FROVAAXERT, AMERGE, ZOMIG, IMITREX
GEODONABILIFY, RISPERDAL (non M-TAB), SEROQUEL, ZYPREXA (non-ZYDIS)
GLUCOPHAGE XRmetformin
GOLYTELY PEGelectrolyte generic
HELIDACPREVPAC
HYZAARAVALIDE, DIOVAN HCT
KLARONre 10 wash, PLEXION SCT
KRISTALOSElactulose
KYTRILZOFTRAN
LESCOL, XLlovastatin, LIPITOR, PRAVACHOL
LEVAQUINciprofloxacin, AVELOX, TEQUIN
LEXXELLOTREL
LORABIDamox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
LUMIGANTRAVATAN, XALATAN
MAXALT, MAXALT MLTAXERT, AMERGE, ZOMIG, IMITREX
MAVIKenalapril, lisinopril, benazepril, ALTACE
MAXAQUINciprofloxacin, AVELOX, TEQUIN
MAXIDONEhydrocodone/apap
METROLOTIONmetronidazole 0.75% lotion
MIACALCIN NASALACTONEL, FOSAMAX
MICARDISAVAPRO, DIOVAN
MICARDIS HCTAVALIDE, DIOVAN HCT
MIDRINisometh/d- chloralphenaz+apap
MOBICgeneric NSAIDs
MONOPRILenalapril, lisinopril, benazepril, ALTACE
MONOPRIL HCTenalapril+hctz, lisinopril+hctz, benazepril+hctz
NASARELFLONASE, NASACORT AQ, NASONEX
NEXIUMomeprazole, PRILOSEC OTC, PROTONIX
NORITATEmetronidazole cream, METROGEL
NOROXINciprofloxacin, AVELOX, TEQUIN
NULEVhyoscyamine sulfate, NEOSOL
NULYTLEYPEG ELECTROLYTE
OMNICEFamox tr/potassium clavulanate, CEFZIL
OPTIVARPATANOL, ZADITOR
ORAPREDprednisolone soln
OXYIRoxycodone hcl caps immediate release
PCEerythromycin, BIAXIN, BIAXIN XL, ZITHROMAX
PEDIAPREDprednisolone soln
PENETREXciprofloxacin, AVELOX, TEQUIN
PHENYTEKphenytoin sodium extended release
PLENDILnifedipine extended release, NORVASC
PRANDINglyburide and glipizide immediate release tablets
PRAVIGARDlovastatin, LIPITOR, PRAVACHOL
PREMARINestradiol
PREVACIDomeprazole, PRILOSEC OTC, PROTONIX
PRILOSEC RXomeprazole, PRILOSEC OTC, PROTONIX
PROTOPICELIDEL
PROZAC WEEKLYfluoxetine (daily), CELEXA, LEXapro, PAXIL/CR, ZOLOFT
PULMICORTFLOVENT ROTADISK, QVAR (excluding respules)

**Non-Preferred
or Tier 3 Drug**

Possible Alternatives

QUIXINciprofloxacin, ofloxacin, VIGAMOX, ZYMAR
RELENZArimantadine, TAMIFLU
RELPAXAXERT, AMERGE, ZOMIG, IMITREX
RESCULATRAVATAN, XALATAN
RESTORILtemazepam
RETIN-Atretinoin, AVITA gel
RHINOCORT AQUAFLONASE , NASACORT AQ, NASONEX
RISPERDAL M-TABRISPERDAL (non M-TABS)
RITALIN LAmethylphenidate, CONCERTA, METADATE CD/ER
SERZONEbupropion, EFFEXOR/XR, REMERON SOLTAB, WELLBUTRIN SR
SKELIDACTONEL, DIDRONEL, FOSAMAX
SPECTRAZEFamox tr/potassium clavulanate,AUGMENTIN ES/XR, CEFZIL
STARLIXglyburide, glipizide
SULARnifedipine extended release, NORVASC
SUPRAXamox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
TARKAverapamil+ACE Inhibitor, LOTREL
TESTODERMANDRODERM, TESTIM
TEVETENAVAPRO, DIOVAN
TEVETEN HCTAVALIDE, DIOVAN HCT
TOFRANIL-PMimipramine tabs
TRI-NORINYLORTHO TRI-CYCLEN LO, generic hormonal contraceptives
TROVANciprofloxacin, AVELOX, TEQUIN
UNIPHYLtheophylline tab SA
UNIRETICenalapril+hctz, lisinopril+hctz, benazepril+hctz
VANTINamox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
VENTOLIN HFAalbuterol inhaler, MAXAIR AUTO, PROVENTIL HFT
VEXOLdexamethasone, fluometholone, prednisolone, LOTELEX
VIOXXgeneric NSAIDS
ZAGAMciprofloxacin, AVELOX, TEQUIN
ZOCORlovastatin, LIPITOR, PRAVACHOL
ZYFLOSINGULAIR
ZYPREXA ZYDISZYPREXA (non-ZYDIS)

**For more information on prescription drug coverage for
UMP PPO or UMP Neighborhood please see the UMP Web Site
or contact customer service**

**Uniform Medical Plan Web Site
www.ump.hca.wa.gov**

**Customer Service
1-866-576-3862**

